



County of San Bernardino Department of Behavioral Health

INFORMATION NOTICE 08-03

Date September 12, 2008

To DBH Staff
Contract Agencies

From Allan Rawland, Director

Subject Issuance of NOAs

Purpose To ensure that the issuance of a Notice of Action (NOA) to a Medi-Cal beneficiary is in accordance with State Regulations.

Legal Citation CCR, Title 9, Chapter 11, Section 1850.210
CFR, Title 42, 438.404
DBH Policy # QM 06-6007

Procedure San Bernardino County Mental Health Plan (MHP) will generate a Notice of Action any time a decision is made to deny, terminate, or reduce requested or specialty mental health services that have already been delivered, and will offer beneficiaries and providers options for appeal.

Stated below are the criteria for issuing NOAs:

NOA-A	Required when the MHP or its providers assesses a Medi-Cal beneficiary and determines that the beneficiary does not meet the medical necessity criteria and as a result, no specialty mental health will be provided.
NOA-B	Required when a provider requests payment authorization for a specialty mental health service and the MHP denies, modifies, or defers (beyond timelines) the provider's request and the beneficiary did not receive the service.

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NOA-C	Required when a provider requests payment authorization for specialty mental health services and the MHP denies or modifies the provider's request and the beneficiary already received services.
NOA-D	Required when the MHP does not act within the timeframes for disposition of standard grievances, the resolution of standard appeals, or the resolution of expedited appeals.
NOA-E	Required when the MHP does not provide services in a timely manner according to their own standards for timely services.
